U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 01957

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2002 Through: 12 / 31 / 2002

	200000000000000000000000000000000000000		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Richard Rumelt	Name UNITE		
	Labor Organization File Number 000-381		
P.O. Box, Bldg., Room No., if any 14th Floor	P.O. Box, Building and Room Number, if any 10th Floor		
Street 275 Seventh Avenue	Street 275 Seventh Avenue		
New York	City New York		
State New York ZIP Code + 4 10001	State New York ZIP Code + 4 10001		
Desiries in labor constitution			
Vice President			
Held an interest in, engaged in transactions (including loans) with, or onetary value from an employer whose employees your organizate			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Frade Name, if any:			
P.O. Box, Bidg., Room No., if any			
	7.b. Amount.		
Street			
City City			
State ZIP Code + 4			
Sign	nature		
	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)		
Signed Little R-	On 4-2-0.05 2/2-730-7500×423		
1000 01 / -	Date Telephone Number		

Name of Person Filing Richard Rumelt		File Number U- 01957	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square City New York	9. Business deals with: X a. Labor Organization b. Trust c. Employer		
State New York ZIP Code + 4 10003			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Amalgaated Bank Trade Name, if any: P.O. Box, Bidg., Room No., if any	Cost # of Shares Price Per Share \$9,950 50 \$199		
Street 15 Union Square	11.b. Approximate dollar value	of such dealing. \$15,273	
City New York	12.a. Nature of interest held	or income received.	
State New York ZIP Code + 4 10003	\$1,145.00 in div \$7,500.00 in fee		
	12.b. Amount.	\$8,645	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State 7IP Code + 4			

14.b. Amount of payment.

or Consultant

13.b. Is the Business an Employer